

**BY ORDER OF THE COMMANDER
AIR FORCE MATERIEL COMMAND**



AIR FORCE INSTRUCTION 44-102

AIR FORCE MATERIEL COMMAND

Supplement 1

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Medical

COMMUNITY HEALTH MANAGEMENT

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: HQ AFMC/SGOB (Col William Wall)

Certified by: HQ AFMC/SGO
(Col Kathy Reynolds)

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This supplement expands on the guidance in AFI 44-102, Community Health Management, 1 July 1998. It identifies, AFMC Squadron Commander Suicide Reporting, and Briefing Requirements and the Suicide Event Worksheet. If supplemented, submit a copy to HQ AFMC/SGOB, 4225 Logistics Avenue, Room N209, Wright-Patterson AFB OH 45433-5761. This supplement does not apply to the Air National Guard or US Air Force Reserve units and members. The reporting requirement in this directive is exempt from licensing in accordance with paragraph 2.11.8 of AFI 37-124, The Information Collections and Reports Management Program; Controlling Internal, Public, and Interagency Air Force Information Collections.

SUMMARY OF REVISIONS

This supplement deletes the requirements from AFI 44-102/AFMC Supplement 1, 27 August 1996, previously known as Patient Care and Management of Clinical Services. Deleted forms include, AFMC 364, Stubble Growth Control, which was used to manage personnel with psuedofolliculitis barbae, AFMC Form 711, PAP Smear Screening Test, which was used for annual Papanicolaou Smear examinations and AFMC Form 999, Blood Alcohol Testing Record, which was used when collecting blood for alcohol level determination in administrative or judicial proceedings. This supplement clarifies the reporting and briefing requirements of fatalities resulting from suicide.

AFI 44-102, 1 July 1998, is supplemented as follows:

2.36.2. (Added) In the event of a fatality resulting from suicide, the squadron commander or equivalent of the unit suffering the loss will investigate the suicide as soon as possible after the event. The squadron commander will provide the MTF/CC with a preliminary report following the guidelines listed on the Supplement Atch 1. Preliminary reporting will include all known information using the suicide event worksheet, Supplement Atch 2. Telephonic notification to the MTF/CC of a suicide event should commence no later than 4 hours following the unit's discovery of a suicide. Upon their notification, the MTF/

CC will then provide immediate telephonic notification to HQ AFMC/SG. The information reported to the HQ AFMC/SG should include all known information using the suicide event worksheet as guidance. After duty hours the reporting MTF/CC will contact the Wright-Patterson AFB Command Post for reporting to HQ AFMC/SG Staff Duty Officer. Should the MTF/CC delegate responsibility for notification, the individual making the notification must inform the person receiving the call that they are making a "formal telephonic notification of a suicide event." HQ AFMC/SG will provide courtesy reporting to AFMC/CC and USAF/SG. Within 1 week after the event, the squadron commander will fax the completed suicide event worksheet to HQ AFMC/SG.

Attachment 1**SQUADRON COMMANDER SUICIDE REPORTING AND BRIEFING REQUIREMENTS**

A1.1. In the event of a fatality involving suicide, the squadron commander of the unit suffering the loss will investigate the suicide as soon as possible after the event, and provide preliminary reporting to the MTF/CC and to the center/wing commander. Preliminary reporting will include all known information using the Suicide Event Worksheet (Atch 2).

A1.1.1. Reporting: There is an ongoing requirement for immediate telephonic notification of the MTF Commander within 4 hours of being informed of the suicide event. Upon notification from a squadron commander of a suicide, the MTF Commander will provide an immediate telephonic notification to the HQ AFMC/SG at DSN 787-6633 or 6632. The information submitted to the HQ AFMC/SG should include all known information using the Suicide Event Worksheet. After duty hours the reporting MTF/CC will contact the Wright Patterson AFB Command Post DSN 787-6314 for reporting to the HQ AFMC/SG Staff Duty Officer. Should the MTF/CC delegate responsibility for notification, the individual making the notification must inform HQ AFMC/SG that they are making the "formal telephonic notification of a suicide event." Within one week after the event, the squadron commander will submit the completed Suicide Event Worksheet to HQ AFMC/SG (Fax number: DSN 787-6490).

A1.2. Briefing: The squadron commander will brief the center/wing commander on the circumstances involved, contributing factors, conclusions, actions taken, lessons learned, and recommendations. Other agencies such as AFOSI or SF may be conducting investigations. All investigations and BAT/TOX tests, etc., should be complete before the briefing. The briefer will be the deceased's squadron commander (or equivalent). Local commanders will determine who will attend the briefing. Members of the base Community Action Information Board (CAIB) should be considered for attendance.

A1.2.1. The following information must be included in the documentation packet that comes forward to HQ AFMC. At the direction of the center commander, the information may be included in the local briefing or added as a word document to the packet.

A1.2.2. Personal and military background characteristics of the deceased including, but not limited to, marital status, age, gender, race, rank, time in service, time on station, AFSC, number of days TDY in last 6 months, and job performance including any changes in the last 6 months.

A1.2.3. Problem identification and service provided for personal problems (e.g., financial, relationship, substance abuse), organizational problems, (e.g., disciplinary action, supervisor conflict, change in duty location, dissatisfaction with job), or social problems (e.g., isolation, conflict with dormitory residents).

A1.2.4. A 72 hour history detailing all events known in which the deceased was involved during the 72 hours prior to the suicide. Include family and friends contacted, helping agency involvement, contact with the chain of command or co-workers, whether a suicide note was left, method of suicide, location of suicide (e.g., home, work), and what agencies were involved after the suicide (e.g., ambulance, security police).

A1.2.5. Assessment of the services provided after the suicide including, but not limited to, critical incident stress debriefings, mental health support for family and friends, chaplain, or family support center assistance, and informal support by the community.

A1.2.6. "Lessons learned" summarizes any factors or issues that can be used to improve our prevention education and intervention strategies for our personnel. The investigator should keep in mind the "reason-

able person" criteria. Would a reasonable person, given the information available prior to the event, have done anything different?

A1.3. The center/wing commander will forward an after action report with lessons learned, actions taken, and recommendations to HQ AFMC/SG NLT 60 days after the event. The information requested in item 2 above must be included in the packet.

A1.4. HQ AFMC/SG will review the report, consolidate findings and recommendations, and forward to AFMC/CC. Lessons learned and corrective actions will then be sent through the HQ AFMC CAIB to the base CAIBs. Members of the base CAIBs will insure lessons learned are publicized and appropriate follow-up action is implemented.

Attachment 2

SUICIDE EVENT WORKSHEET

Complete when Air Force active duty member or civilian employee commits suicide. FAX this data to HQ AFMC/SG at DSN 787-6490 within one week of suicide. The local AFOSI Detachments may be contacted to secure information. In civilian occurrences, limit contacts to base level sources, i.e., coworkers, and the supervisory chain.

BASE _____ SUICIDE VICTIM'S UNIT _____

VICTIM'S NAME/RANK/GRADE _____

VICTIM'S AGE _____ RACE _____ GENDER: M ___ F ___

HOW LONG IN LOCAL AREA? _____

MARITAL STATUS: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

NUMBER OF CHILDREN (Age, Gender) _____

THE EVENT/HISTORY:

DATE OF EVENT: _____ COMPLETED? _____

METHOD:

LOCATION: (Check all that apply) On base ___ In own home ___ In car ___

Other (Specify)

KNOWN STRESSORS/PRECIPIANTS FOR EVENT:

DID INDIVIDUAL TELL ANYONE OF SUICIDE INTENT/PLAN? Yes ___ No ___

If yes, who? _____

PREVIOUS ATTEMPTS? Yes ___ No ___ If yes, number of prior attempts _____

OTHER FACTORS/PROBLEMS FOR THE INDIVIDUAL OR FAMILY? (Check all that apply)

Financial ___ Legal/Administrative ___ Marital/Intimate Relationship ___ Parent/Child ___

(If yes, which parent?) Father ___ Mother ___ Stepfather ___ Stepmother ___

And/or with Child ___ Stepchild ___

Work ___ (If yes, problems with supervisor? ___ Employee? ___)

Substance Abuse? Yes ___ No ___ (If yes, type of substance _____)

Serious Illness? Yes ___ No ___ (If yes, who? _____)

Other Problems (Explain) _____

PRIOR INTERVENTIONS FROM HELPING AGENCIES:

At this base? Yes ___ No ___ Before coming to this base? Yes ___ No ___ Unknown ___

IF YES TO EITHER, COMPLETE ALL ITEMS BELOW. Put applicable letter(s) next

To each service (B=Services received while at this base; P=Services received in the past; U=Unknown).

Mental Health Outpatient ___ Mental Health Inpatient ___ FAP/Child Maltreatment ___

FAP/Spouse Maltreatment ___ EFMP/Child ___ EFMP/Spouse ___

Financial Counseling ___ Chaplain Services ___ Family Support Center Info and Referral ___

ADAPT ___ Evaluation/Treatment ___ Employee Assistance Program (Civilians) Yes___ No ___

Was individual/family actively using services at time of suicide? Yes ___ No ___

If seen for services, was suicide a focus of the intervention? Yes ___ No ___

If services were offered, summarize presenting problem, frequency of contact, and nature of intervention (Use reverse if necessary.)

Date and Printed Name/Grade/Phone Number of person completing form

GEORGE W. SEIGNIOUS IV, Colonel, USAF, BSC
Command Surgeon